



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
<b>McCormick</b>	<b>Ellen</b>		<b>(916) 457-3703</b>
MAILING ADDRESS (Street)			FAX
<b>2206 24th Street</b>			<b>(916) 457-3413</b>
(City)	(State)	(Zip Code)	
<b>Sacramento</b>	<b>California</b>	<b>95818</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
<b>N/A</b>			<b>N/A</b>
MAILING ADDRESS (Street)			FAX
<b>N/A</b>			<b>N/A</b>
(City)	(State)	(Zip Code)	
<b>N/A</b>			

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
<b>AstraZeneca Pharmaceuticals LP</b>		<b>(480) 288-6907</b>
MAILING ADDRESS (Street)		FAX
<b>5301 South Superstition Mountain Drive, Suite 104, PMB #481</b>		<b>(480) 288-6909</b>
(City)	(State)	(Zip Code)
<b>Gold Canyon</b>	<b>Arizona</b>	<b>85218</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
<b>Elizabeth Z. Bartz, President</b>		<b>(330) 761-9960</b>
MAILING ADDRESS (Street)		FAX
<b>State and Federal Communications, Inc. 80 South Summit Street, Suite 100</b>		<b>(330) 761-9965</b>
(City)	(State)	(Zip Code)
<b>Akron</b>	<b>Ohio</b>	<b>44308</b>

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <b>Pharmaceuticals</b>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Ellen McCormick:

(Signature of Lobbyist)

(Date)

3/2/05

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Karen R. Bowman

Regional Director, Western Region

NAME OF ORGANIZATION (if applicable)

TELEPHONE

AstraZeneca Pharmaceuticals LP

(480) 288-6907

MAILING ADDRESS (Street)

FAX

5301 South Superstition Mountain Drive, Suite 104, PMB #481

(480) 288-6909

(City)

(State)

(Zip Code)

Gold Canyon

Arizona

85218

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Karen R. Bowman:

(Signature of Authorizing Officer or Person Represented)

(Date)

2/23/05